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ABSTRACT

This report describes a preceptorship model that provides student nurses with clinical practice in rural health facilities. The development and implementation of a preceptorship model reflects a partnership between nursing education and nursing service--between the urban nursing school and the rural hospital. A five-stage preceptorship model is presented that includes development of guidelines, selection of participants, orientation of participants, implementation, and evaluation. The model draws on a literature review plus feedback from nurse preceptors and graduating nursing students. The model emphasizes the importance of clearly stated purposes and objectives; guidelines outlining the roles and responsibilities of the student, the preceptor, and the faculty liaison; and careful selection and preparation of all participants. In spring 1992, 24 students completed their senior practicums in rural hospitals using the preceptorship model; all were satisfied with the experience, met their clinical objectives, and completed their learning contracts. Evaluations of the model by the faculty liaison person, preceptors, and students resulted in 18 recommendations to improve implementation of the model. The strongest preceptor recommendation was that students and preceptors work identical hours with identical patient assignments. Contains 53 references. Appendices include preceptor questionnaire, terminal nursing competencies, agreement between nursing school and health care facility, form for assessing potential preceptors, and evaluation forms for students and preceptors. (Author/SV)

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A PRECEPTORSHIP MODEL FOR NURSES IN RURAL HEALTH CARE FACILITIES

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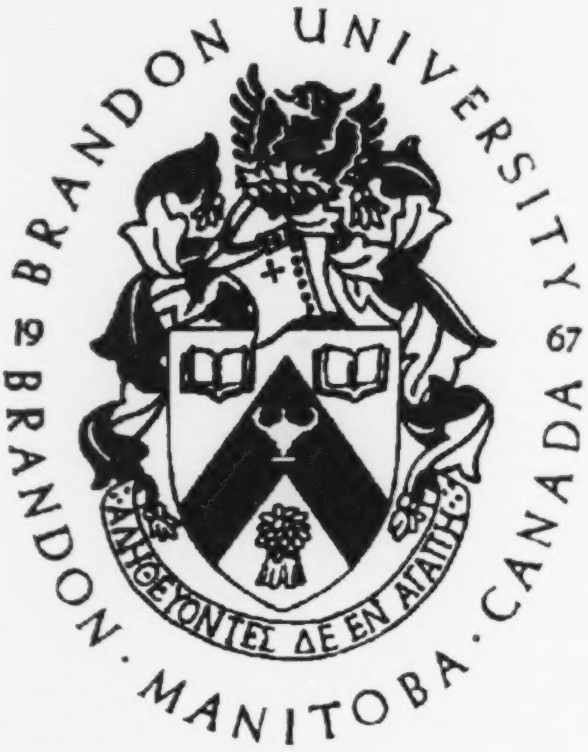

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BRANDON UNIVERSITY

A Preceptorship Model for Nurses in Rural Health Care Facilities

by

M. Enid Pottinger, R.N., B.A., M.Ed. (Brandon University)

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PREFACE

In 1991, Manitoba Education and Training, Manitoba Rural Development and the Rural Development Institute at Brandon University announced the Graduate Research in Rural Education program. This cooperative program was designed to 1) provide a framework for focusing on educational issues related to rural Manitoba, 2) provide assistance to graduate students who intend to study rural education, and 3) provide the Department of Education and Training with information for addressing education issues within the broader context of rural development.

To ensure that information is distributed widely, RDI retains the option of publishing results after theses have been approved. In this manner, rural education is placed on the local and provincial agendas for debate, and citizens have access to information which may affect programs for their children. Development of the human resources of rural Manitoba remains the most significant endeavour in rural development.

The Rural Development Institute is pleased to announce the second in our series of publications on Rural Education Research. Joan Rollheiser, Administrative Assistant at RDI, prepared the document for publication. We thank Enid Pottinger for her efforts to complete this report for publication. Her education and work experience make her uniquely qualified to develop the preceptorship program for nurses in rural hospitals. Dr. John Didyk of Manitoba Education and Training, and Bob Grodzik of Manitoba Rural Development assist in the Rural Education Research Program. Dr. John Mallea, Dr. Jack Lam, Mrs. S.J. Paine, Mrs. J. Beever, the preceptors for the classes of 1991 and 1992, and the senior students of the 1991 and 1992 Brandon General Hospital nurses training program all assisted in completion of the research.

Dr. R. C. Rounds, Series Editor
Director, RDI

ABSTRACT

Preparing clinically competent graduates to function in a rural health care facility is a major challenge for all diploma nursing schools. New graduates are expected to make critical judgements and to solve complex problems following only a brief orientation to the hospital. These challenges are particularly difficult in rural settings where there are fewer nurses and doctors, less sophisticated equipment, and where nurses are required to respond to a wide range of demands.

A preceptorship in a rural facility is a means of providing students with senior clinical practice in rural nursing prior to having to assume these responsibilities as a graduate nurse. The aim is to ease the transition from the student to graduate role.

The development and implementation of a preceptorship model reflects a partnership between nursing education and nursing service -- between the urban nursing school and the rural hospital. A five stage preceptorship model for nurses in rural health care facilities is presented. It includes the development of guidelines, selection of participants, orientation of participants, implementation, and evaluation. The model draws on information gleaned from a review of the literature plus feedback from nurse preceptors and graduating students of a diploma nursing program. It emphasizes the importance of clearly stated purposes, goals and objectives, the development of guidelines, the careful selection and preparation of participants, and the preparation of a detailed role description for the faculty liaison person. Additional factors which increase or decrease the likelihood of successful preceptorships are described.

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INTRODUCTION

Problem

Administrators in rural health care facilities are frequently requested to provide registered nurses to function as preceptors for nursing students during their senior practicum. Preceptorship is a means of bridging the gap between the educational setting and the real world of the work place. A preceptorship model provides the framework for effective preceptorship.

Definition

Preceptorship is a teaching/learning arrangement in which a student nurse experiences day-to-day practice with a staff nurse who functions as a role model and resource person.

Background

There is documentation to suggest that while most new graduate nurses possess an adequate theoretical knowledge base, they tend to lack competence in the clinical setting. Application of theory to practice, performance of psychomotor skills such as establishing intravenous infusions, and ability to problem solve are generally at a less than functional level for the new graduate. Preceptorship programs can provide an effective means of assisting students to develop clinical competence through learning experiences coordinated by a carefully selected, well-prepared registered nurse. Under the guidance of a competent preceptor, a student can internalize nursing knowledge in the clinical setting, demonstrate competence in performing skills, integrate into the nursing community, and experience minimal reality shock.

The concept of preceptorship is extensively documented in the literature. Although many programs are outlined, the process of developing a model is not identified and, almost without exception, the documented programs are located in large hospitals in urban centres. A number of studies on the effectiveness of existing programs have been reported. Only one preceptorship program in a rural setting has been identified in the literature.

Purpose

This report develops a preceptorship model for rural health care facilities aimed at maximizing the effectiveness of the preceptorship experience for the preceptor, the student, the affiliating facility, and the nursing school.

Developmental Steps

The literature on preceptorship models was reviewed, and based on this review a pilot preceptor questionnaire was developed (Appendix A). The preceptors for the 1991 senior practicum for students from Brandon General Hospital School of Nursing were requested to contribute to the development of the model for nurses in rural health care facilities by responding to the pilot questionnaire. The senior practicum is a five and one-half week period of clinical practise time in which the student consolidates the theoretical knowledge and clinical skills as he/she assumes the role of a beginning practitioner under the direction of a preceptor who is an experienced staff nurse. Nurse administrators in each hospital receiving students were contacted to request their support during the development and implementation of the preceptorship model for the class of 1992. All agreed. The pilot questionnaires were sent out to the nursing preceptors in January 1992.

A preceptorship model was developed based on responses obtained from the nursing preceptors and information gleaned from the review of the literature. The model was implemented in the period May 1 to June 28, 1992 and involved 25 preceptors and their students. During this time the preceptorship model and guidelines were evaluated by the preceptors, the students, and the faculty liaison person.

Following the preceptorship, the model was revised based on the results of the evaluations.

Development of the Model

Preparation of Guidelines. Guidelines for preceptors were prepared using information gleaned from the literature and suggestions from preceptors for the class of 1991. The guidelines were assembled into a package which was reviewed during the orientation and given to each preceptor for the class of 1992.

Selection of Participants. Accredited rural health care facilities that are willing to provide experience for senior students were contacted by the School of Nursing administrator who made complete administrative arrangements including the legal agreement. Preceptors were selected based on information from previous preceptors and the review of the literature. Students were selected using the current selection process and specific recommendations for selection drawn from the literature review.

Orientation of Participants. The orientation process focused on the preceptors and the students. The student orientation for the entire group was carried out by the faculty liaison person during the two week period prior to the senior practicum. Students assigned to each rural hospital were seen in small groups to discuss experiences specific to their particular hospital. The orientation for preceptors took place during the three weeks prior to the senior practicum. The preceptors in each rural health care facility were, for the most part, seen as a group. The nurse administrator was invited to this session. Preceptors who were unable to attend the group session were, with one exception, seen on an individual basis. During their orientation, each preceptor received a copy of the guidelines for preceptors. The guidelines were reviewed with the preceptors as part of the orientation process and finalized.

Implementation of the Model. The senior practicum took place from May 18 to June 24, 1992. Students and preceptors worked together using the guidelines identified in the model. Both groups participated in the development of documentation about the student's performance and the preceptorship model itself. The role of various support systems were identified, including the rural facility administration, the nursing unit, the nursing school, and the faculty liaison person.

Evaluation. The preceptor, student and faculty liaison person completed evaluation surveys assessing the model, the students' and preceptors' performances, and the effectiveness of faculty liaison and administrative support systems.

REVIEW OF THE INTRODUCTION

The problem of adequately preparing graduate nurses to assume staff nurse responsibilities is one faced by all hospital-based nursing educators. A significant gap exists between the setting of the nursing school and the hospital (Shogan, Prior, & Kolski, 1985). The gap is particularly significant between the urban nursing school and the rural hospital. Today's nurses not only need knowledge and skill, they must also be able to make critical clinical judgements and life-saving decisions, solve highly complex problems, and think critically. In the complicated world of health care, the need for nurses who can form productive relationships with clients, families, other health care professionals and organizations in which they function, makes the development of sound professional behaviours mandatory (Boss, 1985).

There is documentation to suggest that while most new graduates have an adequate theoretical base, they lack competence in the clinical setting. This lack of competence is manifested by poor problem-solving skills, difficulty in applying theory to practice, and awkwardness in performing psychomotor skills (Scheetz, 1989). The new graduate's inability to immediately function as a competent professional nurse seems to result from a limited understanding of the total demands and expectations of the working role rather than an inadequate theoretical knowledge base. The graduate lacks experience in dealing with the bureaucratic needs of the organization, the unwritten rules of the work groups, and various professional and organizational personnel (Dobbs, 1988).

Each sector of nursing has acknowledged the problems of the school to work gap, and each has held firmly to the belief that the other should rectify the problem. Accusing fingers have been pointed at nursing education for failing to produce functional graduates and at nursing service for failing to view graduates realistically and to provide orientation. Rural nursing directors also question whether nursing education programs prepare nurses who are able to function in a rural environment (Arlton, 1984). Recently many leaders in education and service have realized that the only way the gap can be bridged and the problem solved is by joint efforts (Limon, Bargagliotti, & Spencer, 1982).

Preceptorship is one means of addressing the issue. Preceptorship provides an opportunity to bridge the gap between student and graduate roles by placing a student nurse with a registered nurse currently working full-time in a health care agency. During a specified time period, the student works alongside his/her preceptor gradually increasing responsibility and independent functioning, and eventually taking over the duties of the registered nurse (Hsieh & Knowles, 1990). Preceptorship programs provide opportunities for nursing students to improve their clinical judgement and psychomotor skills, and offer potential benefits to the academic program and the practice setting (Davis & Barham, 1989). Direct on-site supervision has many advantages -- students develop clinical and professional competence in the delivery of nursing care, they become familiar with the cultural, economic, political, and environmental determinates of health in that particular community, and they learn the administrative and organizational structure of the local delivery system (Itano, Warren, & Ishida, 1987). Supporters of preceptorships also contend that they increase clinical competence, promote socialization to the nursing role, foster the development of a positive self-image, and help students develop the skills necessary to meet the expectations of the work world (Zerbe & Lachat, 1991).

Preceptorship/Preceptor

Preceptorship is an individualized teaching/learning method by which a student experiences day-to-day practice with a role model and a resource person in the clinical setting (Chickerella & Lutz, 1981). Davis & Barham (1989) describe preceptorship as a one-to-one experience for a nursing student with a staff nurse role model. The staff nurse preceptor functions as a teacher and guide for the neophyte nurse. Preceptorship programs provide opportunities for students to resolve inaccuracies in nursing role conceptions, to integrate selected aspects of nursing education in practice, and to practice in an actual work setting with the supervision of a professional nurse. Within an educational setting, preceptorship is generally defined as an intense one-to-one reality based clinical rotation for a student nurse whose learning experiences are co-ordinated and supervised by a staff nurse (Peirce, 1991).

A preceptor is a service-based nurse with clinical expertise and interest in student education who is willing to sponsor or work with student nurses when an instructor may or may not be present in a given patient care setting (Turnbull, 1983). Mooney, Diver & Schnakel (1988, p.33) define a preceptor as "an experienced registered nurse selected for the preceptor role based on demonstrated proficiency in both clinical and interpersonal skills."

There are, according to Gray (1983), three phases to preceptorship. The first phase of establishing the preceptor relationship provides the essential foundation on which the learning experience will develop. The mutual understanding and respect established during the first phase become the essential tools for the second

phase -- maintaining the relationship. This second phase focuses on the implementation of the student learning plan and is limited by the time constraints that designate when the clinical experience should be terminated. The third phase is terminating the relationship. In this phase the preceptor and the student evaluate the preceptorship and discuss future plans. The objective is termination of the preceptor contact in a mutually planned and satisfying manner. The faculty liaison person may, during this phase, solicit the preceptor's continued interest in serving as a preceptor and thus pave the way for future negotiations.

Purpose

The purpose of the preceptorship program is to bridge the gap between the nurse's role as a student and the role of a graduate nurse with the ultimate goal of improving the quality of patient care delivered by new graduates (McGrath & Princeton, 1987). The preceptorship experience aims to help students to build their confidence, increase their level of independent functioning, increase their sense of accountability, and deal with professional bureaucratic conflicts (Chickerella & Lutz, 1981).

Goals and Objectives

The goals for preceptorship according to Spears (1986) include development of clinical competency, transition to the graduate role, development of realistic work expectations, development of managerial skills, orientation to health care facilities, and providing marketable beginning practitioners.

Preceptorships aim at eliminating reality shock on the part of the student, more economical use of instructor time, and the professional growth and job satisfaction of the preceptor (Shamian & Lemieux, 1984). The objective of the preceptorship is to assist new graduates in developing nursing care skills, interpersonal relationships and patient care management expertise and leadership abilities (McGrath & Princeton, 1987). During the preceptorship, students will refine psychomotor skills, improve organizational skills, expand their patient workload capacity, and enhance their knowledge and experience in the clinical setting (Davis & Barham, 1989). The student will meet course objectives in the hospital setting without the on-site faculty member, work closely with clinicians and nursing teams, learn to nurse with the help of the preceptor, learn the realities of daily nursing practice with all its joys and frustrations, and increase their accountability and responsibility for their own learning (Caty & Scott, 1988).

Preceptorships in rural settings require special arrangements. Statistically a rural community is one with a population of 2,500 or less. In many cases, a population of 500 to 1,000 is the case (Stuart-Burchardt, 1982). In rural settings there are fewer doctors, nurses, and other health care staff. There is a paucity of sophisticated and expensive equipment. Professional relationships between physicians and nurses are more informal and perhaps more collegial. Relationships between health care providers and clients tend to be closer than in urban settings because people generally know one another better in rural communities. Rural practitioners tend not to have clearly defined specialties but respond to a wide variety of health care needs (Arlton, 1984).

A senior practicum in a rural hospital provides the student with learning experiences that are unavailable in the urban setting. Nurses in rural hospitals have a more diversified role and they function more independently than nurses in urban settings. Nurses in rural areas practice nursing to the full extent allowed by the Provincial Nurse Practice Act. The rural nurse is expected to act efficiently and appropriately for emergencies on the floor and in the emergency room (Stuart-Burchardt, 1982). The rural setting provides unique opportunities for the student to develop interdependent nursing roles, problem-solving skills, and critical thinking abilities. This experience allows the student to become involved in the community, to plan for care, and to intervene realistically in the community to provide care. Another positive outcome is that students are assisted to identify areas of nursing practice, other than those in urban, highly technological settings, that are just as fulfilling and demanding. Persons serving as preceptors in rural settings have much

to offer students in applying theory, research, and new concepts to intervention in the rural nursing practice. These nurse preceptors are experts in their field and serve as practising role models (Dye-White, 1983). A preceptor's assignment will confront the student with the realities of rural nursing as well as the realities of rural living. The two are very closely connected. In a rural community one cannot function effectively without the support of the team. One learns skills that cannot be learned elsewhere and gains confidence that will benefit the nurse in any field of nursing (Jensen, 1983).

In the past, new nurses have generally stayed in the cities where salaries are higher, hospitals are better equipped, educational facilities are more numerous, and jobs are more secure. New graduates have been afraid to venture into new unknown areas. Now, preceptoring is bringing students to those areas that are not covered by conventional programs and that they would otherwise not have had the opportunity to see (Bergeron, 1983).

Roles/Responsibilities of the Preceptor

The primary responsibility of the preceptor is to facilitate the student's learning by functioning as a teacher, observer, and evaluator (Chickerella & Lutz, 1981). The preceptor guides the student's orientation and socialization to the clinical area, assisting them to identify learning needs and establish objectives for the pre-graduate clinical experience. He/she also ensures that the student acquires the necessary technical and behavioural skills by selecting learning opportunities, direct teaching, ongoing monitoring and performance evaluation (Jairath, Costello, Wallace & Rudy, 1991). Preceptors act as role models assisting students to master those routines and skills necessary to function effectively as practitioners (Greipp, 1989). In becoming a role model and resource person to a student, the preceptor will create a supportive and effective learning environment (Cox, 1988). Preceptor role responsibilities, as identified by Modic & Bowman (1989) include planning and monitoring orientation, providing feedback, communicating with administration and the faculty liaison person, assessing learning needs, and providing appropriate educational opportunities.

In planning a preceptorship program one can reliably predict two problems that are inherent in the role changes experienced by the participants. The first problem is the discomfort that the clinical practitioner feels in the role of the teacher. A second problem common to preceptorship programs is the concern felt by faculty in the loss of control over a clinical experience. One solution to both of these problems is to organize a preceptor-faculty workshop bringing faculty members and clinical practitioners together. The purpose of the workshop, planned and organized by the school, is to familiarize preceptors with key concepts of the nursing curriculum in general and the clinical course in particular. Preceptors see how they fit into the course they are helping to teach and see how the course fits into the total program of the school. Knowing the philosophy and objectives of the nursing program and the courses taken by the students helps preceptors appreciate what kind of information and experiences have been offered to the students. The content of the workshop should be interesting and informative to the preceptor and be reinforced by provision of written material (Novak, 1983).

Characteristics of Effective Preceptors

Most faculty members, nurse administrators, students and experienced preceptors agree that good communication skills top the list of attributes for effective preceptors, and that the most important aspect of communication is to do so in an open, frank, and supportive manner. Straight forward messages facilitate open communication and keep the preceptor and student aware of what the other is doing (Lewis, 1986). A desire to participate, clinical competence, emotional stability, leadership ability, teaching and evaluation skills, ability to integrate education and work values, participation in professional learning activities, and the ability to resolve bureaucratic conflict have been widely accepted as important attributes for effective preceptors (de Blois, 1991; Shogan, Prior & Kolski, 1985; Itano, Warren & Ishida, 1987; Cox 1988).

Students express the need for preceptors to function as knowledgeable clinical teachers who are willing to share their knowledge and past experience. Although they do not want the preceptor to do their work, their respect for the preceptor increases if they see him or her interact well with patients and demonstrate clinical expertise (Windsor, 1987).

Selection of Preceptors

As the practice setting representative who can best assess a unit member's preceptor potential, the head nurse should be responsible for the initial identification of the preceptors (Davis & Barham, 1989). Preceptors are usually selected for the program based on the quality of their clinical performance, interpersonal skills, teaching ability, and desire to work with new personnel (Greipp, 1989; de Blois, 1991). Actual recruitment techniques vary from requesting volunteers to inviting likely candidates to participate in the preceptorship. They are asked to function in a preceptor role on a voluntary basis (Lewis, 1986; Jairath, Costello, Wallace & Rudy, 1991; Walters, 1981). In a report by Turkoski (1987) participation in students' educational activities was written into the primary nurse job description. Actual participation in the preceptorship program, however, was voluntary.

Nurses serving in the preceptor role should have a minimum of one year's nursing experience, a minimum of six months experience at the hospital and have demonstrated all the staff nurse behavioural expectations (Hitchings, 1989). Chickerella & Lutz (1981) indicate that in selecting preceptors they choose graduates of baccalaureate programs who are between the ages of 21 to 39 with between 1 and 10 years of nursing experience. However, Davis & Barham (1989) are of the opinion that preceptors need not be baccalaureate nurses. Stipulating baccalaureate degrees in nursing as a requirement for preceptors effectively closes the door on preceptored experience in settings where baccalaureate graduates are not available. It also isolates the student from the real world of nursing practice where care is delivered by a heterogeneous group of nursing practitioners. This may well be the case in the rural health care facility. There are thousands of diploma and associate degree nurses in the work force today who by virtue of their clinical specialty and expertise make very fine preceptors. An overemphasis on the preceptor being a baccalaureate prepared nurse will severely limit the multitude of stimulating and exciting educational opportunities available in preceptorship courses (Stuart-Siddall, 1983). In choosing preceptors for students in rural hospitals, Arlton (1984) recommends that the preceptor be a young graduate (between the ages of 20 and 29) who has had several years of experience in rural nursing. Greipp (1989) is of the opinion that preceptors must be mature enough to create helping rather than dependent relationships. Successful primary care nurse preceptors must first be experienced educators and practitioners who feel comfortable with their teaching and clinical skills. They must be able to function in new primary care clinical situations and develop mutual respect between themselves and the physician consultants. They must be aware of the limitations of their role, be familiar with available resources, and have the authority to utilize appropriate ones. They must be experienced observers, able to assess student's learning needs. They need self-confidence to assume responsibility and accountability for education/service oriented practice, ability to adapt to change, and to feel secure as nurse practitioners and as role models. Of course, they need the ability to relate to patients, especially on educative services. Possessing these characteristics, nurse preceptors can be the vehicle for integrating nursing knowledge with primary care knowledge and for assisting the students to integrate the knowledge (Helmuth & Guberski, 1980).

Staffing patterns in rural health care facilities have limited the number of people available to act as preceptors. Several hospitals are primarily staffed by part-time and casual nurses. These same staff shortages have limited time available for staff to attend preceptor education sessions. As a result, nurses, often with less than a year of experience and without any special role preparation, become preceptors by default. Clearly this violates the basic preceptor concept. Nurse educators must look at the situation and decide if preceptorships being offered are complete with well defined selection, preparation, and reward processes, or if existing programs are merely variations of the traditional "buddy system" (Greipp, 1989). Discrimination in preceptor selection is crucial since the success of the preceptorship hinges on the relationship between the student and the preceptor (Fire, Bozett & Dearner, 1984).

Selection of Site

The appropriateness of a clinical site is judged by the opportunity it presents for the student to acquire cognitive and psychomotor expertise, to integrate classroom learning, and to apply theory to practice. Supportive aspects in an optimum clinical site would include experiences to strengthen the student's independent professional growth and encouragement of peer level interactions (Turkoski, 1987). Variables which must be considered in the evaluation of a clinical setting to be used for a preceptorship include, but are not limited to the number and variety of clinical experiences available to the student, the staff and community acceptance of a student-preceptor arrangement, alternate clinical learning situations available in-house and through the community, the relative proximity of educational resource centres, the availability of student housing, social and recreational activities, and transportation available to the student (Farnkopf, 1983).

Arlton (1984) indicates that nursing faculties should look for agencies located in a community with a population less than 13,000 that want to become involved in the preparation of rural nursing professionals and are able to provide the number and quality of learning experiences necessary for students to achieve learning objectives. Facilities should be licensed, certified and accredited. The setting should be matched to specific learning needs and interests in improving competencies in specific areas.

Newly established units, units with considerable staff turn over, units with newly appointed head nurses, and units who lack registered nurse role models should be avoided when choosing sites for senior student preceptorship programs (Davis & Barham, 1989).

Selection of Students

According to Walters (1981) and Caty & Scott (1988), students selected for preceptorship programs should volunteer for the experience, be independent learners, have a high grade point average and should not have any identified learning difficulties.

Preparation of Preceptors

The success of a preceptorship depends to a large degree on the quality of the preceptor orientation. Orientation is the first step in establishing a trusting, supportive relationship between the program co-ordinator and the preceptor. Due to the independent nature of the preceptorship, this first step is extremely important. In the initial contact, the co-ordinator must create an atmosphere that is conducive to open communication and collaboration during all phases of the preceptorship. Orientation also serves the important function of minimizing the anxiety the preceptor may initially feel in undertaking the new responsibility. By providing a thorough introduction to the program and guidelines for optimizing the experience for both the preceptor and the student, some of this apprehension will be alleviated enabling the preceptor to anticipate a positive meaningful experience with the student (Haberlin, 1983).

Support for this opinion is provided by Chickerella and Lutz (1981, p.109) who say that "preceptorship could be improved by providing a more complete orientation for preceptors". They recommend that an orientation session be planned prior to the preceptorship experience to discuss the curriculum, the purpose of the course, and the expectations of the preceptor. The orientation should include clarification of functions and instruction in teaching methods (Chickerella & Lutz, 1981). Learning objectives are important for structure, direction and evaluation. The objectives must be congruent with end of program behaviours and should reflect expected competencies for beginning nursing practice. It is common practice to adopt either the academic program's clinical evaluation tool or a job description for a beginning graduate in the clinical setting (Davis & Barham, 1989). A copy of the guidelines for the preceptor should be provided for each

preceptor. Arlton (1984) indicates that in the rural setting there is a need for the students to have clearly defined rural nursing content. An eight hour orientation program is advocated. It should include a general overview of preceptorship, legal aspects of the preceptor role, the institution's policy and procedures, concepts regarding reality shock, role transformation and conflict resolution, pedagogy and andragogy, principles of adult learning, characteristics of an effective teacher, teaching process and teaching pitfalls, process of communication, methods to improve communication including feedback principles, and handling conflict and problem behaviour.

Preceptor orientations vary from program to program. Some are as short as a few hours, while others are as long as several days. Widely accepted topics for discussion in orientation programs for preceptors include a description of the preceptorship program, role responsibilities, communication techniques, adult learning principles, reality shock theory, learning styles, needs assessment, values clarification, conflict resolution and how to provide feedback. The orientation also provides information related to educational skill development. The preceptor preparation program should focus on the teaching-learning process, characteristics of adult learners, role classifications, stress management, reality shock, goal setting and evaluation processes (de Blois, 1991; Mooney, Diver & Schnakel, 1988; Young, Theriault & Collins, 1989; McGrath & Princeton, 1987). Application of the nursing process is the approach taken in the orientation described by Piemme, Basia, Kramer and Evans (1986) who focus on assessment, planning, implementation, and evaluation -- an approach familiar to all nurses.

Limon, Bargagliotti & Spencer (1982) stress the importance of emphasizing the various aspects of the preceptor role during the orientation. Staff nurses need and deserve to know what is expected of them in the preceptor role and to receive instruction and guidance in carrying out the functions of that role. This is primarily the responsibility of the educational facility staff. Garrett & Nichols (1990) outline a preceptor development program which focuses on the concept of preceptorship, roles and responsibilities of the preceptor and other staff, adult learning principles and techniques, communication skills, and assertiveness skills. The preceptor orientation is of particular relevance to new preceptors. Separate workshops should be held for new and returning preceptors in some settings (Zerbe & Lachat, 1991).

At the conclusion of the orientation it is extremely important that the preceptor be encouraged to discuss any questions or concerns and to share expectations regarding the experience. This will help immensely in clarifying the material presented and alleviating any apprehension the preceptor may be experiencing. The preceptor will leave the orientation having gained the confidence and knowledge necessary to implement the preceptorship program successfully (Haberlin, 1983).

Releasing nurses from the unit to participate in the orientation and finding dates and times when they are all available is a challenge in some rural facilities (Chickerella & Lutz, 1981). It is important to the preceptorship that the staff nurses on the unit all understand the preceptorship and the role of the preceptor in the student's education. The nursing preceptorship program should be explained to the entire staff so that they are aware that students would be involved in the same activities as their preceptors. As the general pattern of co-operation improves among staff personnel, individuals offer assistance to the student and the preceptor (Turkoski, 1987).

Responsibilities of the School to the Preceptor

Alspach (1988) has proposed the "Preceptors' Bill of Rights" which identifies clearly the responsibilities the School of Nursing must assume in preparing the preceptor to function in an extended role. According to this author, preceptors have a right to a clear definition of their role, a clearly stated set of expectations for their performance, a clear delineation of their responsibilities to the student, a clear distinction of their responsibilities in relation to others who are involved in the orientation program, and a clear enumeration of all expected outcomes for the staff nurse orientation program. The author stresses the importance of providing the preceptor with valid and reliable evaluation tools to appraise student performance, the resources necessary

to fulfil their role responsibilities, continuing and responsive support systems for fulfilment of their role responsibilities, adequate preparation for integration of the preceptor role, and adequate training in the knowledge, skills and attitudes necessary to fulfil their role responsibilities.

Preparation of Students

The students must be adequately prepared for the rural preceptorship experience. Preparation requires attention to the details of the rural health care system. Arlton (1985) outlines a four week preparation arrangement in which students participate in seminars orienting them to the course, the student-preceptor-faculty relationship, professional and legal standards and responsibilities, characteristics of rural life and health care provision, and strategies for adaptation. In addition, students learn to manage groups of clients and establish priorities of care through clinical experience especially designed to prepare them for rural assignments.

Since preceptorships are a part of an educational experience it is fair to assume that the School of Nursing will be accountable for the education of the students. Nursing faculty must ensure that students begin a preceptorship with a theory base that will allow them, with the guidance of the preceptor, to meet the prescribed objectives (Limon, Bargagliotti & Spencer, 1982). Students are encouraged to formulate their own clinical objectives to augment course objectives and to maintain clinical logs describing each clinical experience. Clinical conferences help students to share experiences, validate learning and receive feedback (Zerbe & Lachat, 1991).

Length of Preceptorships

The length of preceptorships varies from program to program. Some preceptorships are as short as three weeks, some as long as twelve weeks. Preceptorships of three weeks duration are reported by Caty & Scott (1988), Jairath, Costello, Wallace & Rudy (1991), and Davis & Barham (1989). Eight week preceptorships are reported by Dobbs (1988) and McGrath & Princeton (1987). The longest preceptorships -- twelve weeks, are reported by Chickerella & Lutz (1981). Other authors (Limon, Bargagliotti & Spencer, 1982; Turkoski, 1987) report preceptorships of four and five weeks respectively. A six week rural practicum in which the students' experience was designed to coincide with the preceptors' forty hour work week is described by Arlton (1984). It is imperative for success that, regardless of the length of the preceptorship, arrangements be made to have the student and the preceptor work identical hours (Garrett & Nichols, 1990; Caty & Scott, 1988).

Legal Considerations

The nature of a preceptorship necessitates changes in the roles of the staff nurse, the faculty member, and the student. The question raised is are there accompanying changes in the legal accountability associated with these roles?. Nursing administrators and school faculties should clarify their perceptions of levels of accountability and seek legal counsel in establishing or modifying contractual arrangements between the school and the rural agency. It is especially helpful to clarify legal responsibilities of the preceptor role since staff nurses are sure to ask about this aspect (Limon, Bargagliotti, & Spencer, 1982). Legal considerations in planning a preceptorship should include clarification of limits, establishing the contractual agreement, and addressing issues such as rules and regulations governing nursing practice, policies and procedures, and the insurance coverage by the school. Medication administration requires specific attention. Although policies on types and routes of medications that students may administer vary between settings, it is important that the policy governing students within a particular setting or unit be clearly communicated and consistently applied (Davis & Barham, 1989).

The legal importance of thoroughly evaluating and testing the student's knowledge in a new clinical setting cannot be overemphasized. The agency is responsible to its clients to minimize (if not prevent) errors or accidents in procedural nursing care that the student might deliver. It is very easy for persons who are new to a nursing unit to make errors during an orientation that they would not normally make once they are thoroughly oriented and comfortable in the patient care setting. For this reason it is critical that the student be very closely supervised and monitored in all aspects of care by the preceptor. The nursing service administrator is responsible for ensuring that the student's clinical preceptors understand their responsibilities in the critical orientation period during which the student is observed for proficiency. To do less may constitute negligence on the part of the preceptor and the nursing service administrator, who is ultimately accountable for the care delivered in the clinical care units (Farnkopf, 1983).

Role of the Faculty Liaison Person

The teacher who functions as the faculty liaison person has a vital role in supporting, counselling and guiding the student-preceptor pairs (Davis & Barham, 1989). The teacher facilitates integration of theory, provides support for students and preceptors, and evaluates the student's progress in meeting defined learning goals. To this end, the teacher makes rounds regularly and can be contacted at any time (Walters, 1981). Each student and preceptor should be visited a minimum of twice during a six week period, in which the student's diary is reviewed, their charting is examined, and their progress is evaluated in terms of achieving learning objectives (Arlton, 1984). The faculty liaison person makes rounds in the clinical units, meets with head nurses as necessary, conducts a comprehensive evaluation of the program, and meets regularly with the preceptor to organize the clinical teaching. Other responsibilities of the faculty liaison person include orienting the preceptors to course requirements, counselling students, and reporting clinical concerns to the School of Nursing committees (Zerbe & Lachat, 1991).

Turkoski (1987) recommends that the teacher meet with the student and the preceptor every two to three weeks, and act as a resource person for specific concerns. Preceptors are encouraged to communicate an objective assessment of the individual student's growth and potential to the student and the teacher. The faculty liaison person who is responsible for the overall co-ordination of the preceptorship will find it necessary to schedule regular conference times for the discussion of issues associated with preceptorship experiences in the setting. Regular conferences should be held with the student and the preceptor. These conferences should be expanded to include other representatives of the academic program and practice setting as needed. It is important to ensure that all parties involved understand the channels of communication and how to use them. In order to allow sufficient time for the students and preceptors, it is recommended that each faculty liaison person be responsible for a maximum of ten student-preceptor pairs at any one time (Davis & Barham, 1989).

The faculty liaison person supports the preceptors by recognizing their increased workload, and by acknowledging concerns that they have about their performance. At times the faculty liaison person will be required to discuss with preceptors problem situations relating to unit or agency politics rather than preceptorship issues. It is important to provide the preceptors with an opportunity to air frustrations (Hsieh & Knowles, 1990).

Careful planning and co-ordination is needed to ensure a successful preceptorship, especially during the orientation phase. Faculty schedules must be flexible enough to help students with special learning needs and to give needed direction and feedback to preceptors, and travel to various agencies when special problems arise (Backenstose, 1983).

Evaluation Process

Evaluation is an ongoing process that is based on an established set of criteria and standards of performance that have been developed to co-operatively measure the learner's behaviours. The primary intent of evaluation is to provide descriptive data that will allow an explanation of current status and promote necessary alterations. Estimations and appraisals are components of evaluation, which is a process of making value judgements about knowledge, skills and attitudes to form a realistic basis for effective change (Rowe, 1983).

Assessment of the preceptorship, the student's performance, and the preceptor and faculty liaison person's effectiveness upon completion of the preceptorship serve as tools for review and revision of the program. Preceptorship program evaluation that focuses only on student achievement is incomplete. Like design and implementation, evaluation must be a collaborative process. Mechanisms must be structured not only to evaluate the achievement of the student learning objectives, but also to encompass evaluation of the contributions of the faculty, the preceptor, the academic program, and the practice setting (Davis & Barham, 1989). Program evaluation is an ongoing and essential component of any curriculum. Program evaluation, analysis, provision of feedback, and recommendations for change are the responsibility of the faculty liaison (Zerbe & Lachat, 1991).

There is some variation among programs with respect to the evaluation of the student's performance. Caty & Scott (1988) report that the nursing staff may be encouraged to participate in the evaluation but the final decision rests with the faculty advisor. In the program reported by Zerbe & Lachat (1991) preceptors have input into the evaluation but are not directly responsible for completion of the formal evaluation document.

de Blois (1991) believes that performance evaluation is a major responsibility of the preceptor. Because preceptors work so closely with the student, they are the most qualified to objectively evaluate student performance. Preceptors should have guidelines about how to effectively provide performance feedback. They should be taught how to provide verbal and written feedback. Preceptors should be able to use learning needs assessment tools to provide progress reports and comparative feedback to students. Evaluation through written objectives is common in many institutions, so preceptors should learn about the use of objectives. This content also would be conducive to discussion of clinical assignments and goal setting.

Walters (1981) recommends that a grade for the clinical experience be determined by the faculty member based on several factors. Students should write a learning contract, lead a group seminar, participate in individual conferences with the faculty member and the preceptor, maintain a weekly log, and contribute a written evaluation documenting their achievement of defined learning goals. Faculty, student, and preceptor should meet at mid-term and again at the end of the semester to discuss the student's progress. Other individual conferences may be called by the faculty liaison, student, or preceptor as needed. The preceptor evaluation of student behaviour usually agrees with the student's self evaluation and the faculty evaluation. Agreement is seen by all as very important. Since the faculty member is not present in the clinical setting, it is necessary to depend on evaluative tools and methods to keep him/her advised of the student's clinical experience. Oral conferences and reports are sources of firsthand information. Written work supplies additional data (Meyer, 1983).

Outcomes of Preceptorship Experiences

Walters (1981) reports that as the preceptorship program matures, the preceptors and faculty develop considerable trust and explore professional concerns that go beyond supporting individual students. The work environment is open and friendly. There is a healthy give and take between learners and providers of care that is enhanced by the willingness of staff to include students and the faculty liaison in all aspects of

patient care. Findings of a study reported by Clayton, Broome & Ellis (1989) support the view that working with a practising nurse in the clinical environment as opposed to with a faculty member will enhance the transition from student to staff nurse. Studies have shown that preceptored students scored higher on leadership, teaching/collaboration, interpersonal relations and communications, and planning and evaluation over time. While two remaining sub-scales, professional development and critical care, are important, they may not be in the same category of importance six months after graduation as the other four. Critical care skills are specific to clinical areas and all students in this study were educated in the tertiary care medical centre. Certainly the importance of professional development cannot be discounted; however, six months post-graduation is early to measure this variable.

Preceptorship is viewed as a means of aiding the student in developing clinical competencies with more routine technical skills. The graduates of the program described by McGrath & Princeton (1987) claim that they benefitted from the program in that they had a gradual adjustment to a new graduate role and that the program bridged the gap between practice as a nursing student and practice as a new graduate. The preceptor was described as a helping friend and role model which was essentially congruent with what new graduates identified they wanted from a preceptor during their original interview. Words and phrases used to describe the preceptor/preceptee relationship included friend, role model, helper, non-intimidating person, and a person who helps increase self-confidence. In response to how the preceptor program prepared the new graduates for team leader and charge nurse responsibilities, the new graduates stated that the program helped them to build confidence as a team leader and they believed they could function competently in that role. The program, however, aided minimally in the new graduates development as charge nurses.

In the evaluation of a preceptorship program reported by Mooney, Diver & Schnakel (1988), the authors state that feedback obtained from the students highlighted the value of their one-to-one relationship with the preceptor. Students reported that this one-to-one relationship provided them with consistency and continuity throughout the senior practicum. The relationship facilitated their ability to integrate the theoretical and clinical components of the experience more quickly and less stressfully. They felt that weekly goals established with the preceptor and head nurse were clear, and that their individual learning needs were addressed. Preceptors were valuable supports for the students' professional growth and development, and fostered the socialization process.

Preceptorships can provide personal and professional growth for preceptors and promote challenge and stimulation for the unit staff (Limon, Bargagliotti & Spencer, 1982). In interviews between faculty members and preceptors in one program, preceptors found the preceptorship process to be an enjoyable and rewarding experience that allowed them to reflect on how they had changed since their graduation in both positive and negative ways (Lewis, 1986).

Giles & Moran (1989) describe a study designed to measure outcomes of a preceptorship program for new graduates implemented in the University of Wisconsin Hospital and clinics. Nurses trained by the preceptorship method were more satisfied with their orientation than those nurses trained by the "buddy system". They appreciated the daily contact with their preceptors and the support provided by other staff. Many students who participated in rural preceptorship programs stated that they had developed a new sense of professional competency. They increased their ability to synthesize nursing skills and developed an ability to establish priorities, organize time and delegate responsibility. They enhanced their ability to see the patient as a whole person within a social framework. The closeness of the staff and their willingness to provide helpful support and guidance were appreciated by the student. The rural nurses also encouraged their involvement in community social events. The rural hospital derived benefits from having a student in the facility. They saw it as a mark of prestige to be chosen as a site for student experience. The rural nurses generally found the students a source of stimulation, particularly when they provided in-service sessions (Arlton, 1984).

Nurses who volunteer to be preceptors usually report that they view preceptorship as a rewarding experience. It gives them an opportunity to help students learn, to brush up on their own knowledge and skills, and to demonstrate their leadership abilities. Preceptorship offers a challenge, gives the preceptor an opportunity to function as a role model, and allows the nurse to be seen as an expert (Chickerella & Lutz, 1981). Preceptorship provides an opportunity for personal growth and professional role enhancement through development of collegial networks with nurse educators, nurse administrators, and other preceptors as well as students (Davis & Barham, 1989).

The benefits of the preceptorship from the student's perspective are well documented. The experience allows the student an opportunity for self growth in terms of increasing his/her sense of responsibility for learning and for providing patient care. Students increase their sense of accountability, assertiveness and self-confidence. Preceptorship encourages students to apply their knowledge and skills as they experience the realities of daily nursing practice and become increasingly accepted by the staff as a member of the health team (Caty & Scott, 1988). The professional nurturance offered by the preceptor assists the student to gain confidence in performing skills and to develop professional maturity. It helps the student gain confidence in working with families in the community. The preceptorship provides some exposure to everyday practice, and to some of the frustrations of nursing. The student gains an opportunity to work through the professional-bureaucratic conflicts with a role model and the faculty liaison person. The student gains experience with clients from many age groups with a variety of health problems. Students also benefit from contact with many different levels of staff (Chickerella & Lutz, 1981).

Preceptorship provides benefits to the unit staff as well as the preceptor and the student. The staff members have an opportunity to learn or re-learn, to be seen as role models, and to help students learn by participating in their teaching (Caty & Scott, 1988). Staff nurses who serve as preceptors report that the preceptor role enhances their sense of responsibility and provides them with opportunities to demonstrate competence as a nurse and a teacher (Spears, 1986).

Anticipated benefits of preceptorships include better preparation of new graduate nurses, facilitation of the transition from student to staff nurse within a shorter period of time, increased retention of new nurses, and increased job satisfaction among selected preceptors. Advantages of the preceptorship program identified include that the student had a consistent role model which allowed for continuity of information, individualism, and a less stressful learning environment. The program also enhanced the preceptor's initiative, accountability and professional growth (Shogan, Prior & Kolski, 1985).

Preceptorships allow new employees to be assimilated more rapidly and effectively into hospital and unit culture. Staff nurses serving as preceptors report enhanced professional development as well as enjoyment of the recognition and involvement that the role provides. A preceptorship model provides for more efficient use of educational staff. It allows the educators time to offer a more direct clinical support as well as formal in-service and continuing education programs (Hitchings, 1989).

Potential Problems

The advantages of preceptorship are significantly greater than the disadvantages. However, authors have identified some problems that should be addressed. Preceptors have expressed frustration when they did not understand the objectives, when there were personality conflicts between the preceptor and the student, if the student lacked either knowledge or skill, if the pace of the unit did not provide time for the preceptor to allow the student to have the learning, and if meeting time with the student was limited (Caty & Scott, 1987). Preceptorship does require extra time and adds to the nurse's responsibility. It can be frustrating and time consuming, particularly when unanticipated events interfere with the experience. Some preceptors who are task oriented see themselves as having little time for the student. Factors such as unpredictable events, student or preceptor absences, more than one preceptor with different modelling styles, and inconsistent client assignments have been identified by Chickerella & Lutz (1981) as deterrents to student learning. Some

negative aspects reported by Taylor & Zabawski (1982) include that preceptors felt that it was difficult to allow the student the time it took to do the job since doing it themselves would save time. They stated that once the student was able to take responsibility they felt bored. Preceptorship creates an extra workload because of the teaching, observing and supervision that is necessary.

Major difficulties in the student-preceptor relationship occurred when there were discontinuities in the relationship. Such discontinuities usually occurred because there were extensive amounts of rotation and floating of the student so he/she was not on duty at the same time as the assigned preceptor, or a partnership rather than a single individual was appointed to precept the student (Suess, Schweitzer, & Williams, 1982).

Occasionally students and preceptors feel mismatched. Scheduling problems, personality differences, or conflicts of experience or expectations are potential obstacles. When conflicts are identified, the faculty liaison person should meet with the preceptor and the student to discuss concerns and suggest solutions. Instructors help preceptors and students to identify unrealistic expectations and reformulate goals and objectives for the clinical experience. In the clinical area, faculty members work more closely with preceptors when conflicts are noted. Occasionally, if problems persist, a student is reassigned to a different preceptor (Zerbe & Lachat, 1991).

Recognition for Preceptors

Murphy & Hammerstad (1981) are of the opinion that staff nurses who function as preceptors must be reinforced positively. Some suggestions for reinforcement include recognition luncheons, listing and picturing preceptors in the hospital newsletter, giving the preceptor a subscription to a nursing journal of his/her choice, designing a name tag that identifies the nurse as a preceptor, and developing some kind of certificate or award for being a preceptor. Reward mechanisms generate incentive. Anyone serving in a special capacity deserves recognition and appreciation for services performed. Supervisors, nurse managers, and co-ordinators all wear name pins that identify the person and the position. Preceptors and unit based educators also should have name pins that identify the person and the position.

Recognition luncheons, preferential scheduling, and bonuses for staff persons based on the time commitment to the preceptorship program are all ways that staff nurses can be rewarded for functioning as preceptors (Greipp, 1981). Reward mechanisms must be integral to planning preceptorship programs so that overall efforts can lead to positive results. In some situations, despite years of experience with a given preceptorship program, those responsible for structuring the program report a continued need to increase the rewards for the preceptor (Turnbull, 1983).

Relying solely on the intrinsic value of the role to the individual leads to feelings of being used and to rapid burn-out for preceptors. Acknowledging this, Mooney, Diver & Schnakel (1988) have identified mechanisms for rewarding and recognizing staff nurses in the preceptor role. Additional pay is provided to preceptors. The preceptors are formally recognized by the title "staff nurse preceptor", and consideration is being given to incorporating the preceptor role into the merit system for evaluating staff nurses.

Hitchings (1989) reports that in one preceptorship program, the educators, head nurses, and division administrators invited all staff members serving as preceptors to a wine and cheese reception at the educator's home. The staff response was overwhelmingly positive. Another reward used is a commendation letter sent by the head nurse to the nurse who had served as a preceptor. This becomes part of the nurse's permanent file. Many institutions use a salary differential for preceptors.

At the end of each semester some students express their appreciation by organizing a student-preceptor party with the assistance of the faculty. The party gives the students the opportunity to thank preceptors, instructors and nursing co-ordinators for their help and support during that semester. Preceptors receive a letter of commendation for their employee file and a small personal gift (Zerbe & Lachat, 1991).

Gray (1983) is of the opinion that a letter of appreciation should be sent by the faculty to the preceptor acknowledging his/her contribution, with a copy to the preceptor's immediate supervisor. Other types of recognition may be a certificate awarded to the preceptor, an appointment to a university advisory council or other appropriate body, or an appointment to adjunct faculty status. In any case, the faculty should acknowledge the preceptor contribution in as many tangible ways as possible since the preceptor usually is not rewarded monetarily for participating.

Turkoski (1987) believes that the extra time and planning required to implement the preceptorship program are worthwhile to students and staff. The students gain a stronger sense of security and a deeper understanding of the professional nurse's role, while staff feel a strong sense of accomplishment in being part of the student's learning experience. The implications of student evaluations and the benefits of the program suggest that there are intrinsic areas of clinical experience that are equally as important as skills acquisition in the cognitive and professional development of future nurses.

Preceptorship, if carefully designed, can be useful, but only if well-developed criteria are provided to guide the preceptor selection and education. These ensure that the nursing education institution/program retains control of the student's clinical experience and learning (Myrick, 1988). In light of sky-rocketing health care costs, a decreasing supply of nurses, increasing educational costs, and declining nursing enrolments, the profession must demonstrate that nursing education produces a practitioner who is clinically competent in the professional nursing role (Scheetz, 1989).

DEVELOPMENT OF A RURAL PRECEPTORSHIP MODEL

Significance

Rural health care facilities provide excellent sites for the senior practicum for nursing students from diploma nursing schools. Many students come from rural communities and will return to them following graduation. The shortage of nurses is most acute in rural hospitals. As a rule, urban hospitals and nursing schools provide little in the way of information and virtually no opportunity for clinical practise in rural facilities. Consequently, new graduates are ill-prepared to function independently in rural hospitals. The need for a structured preceptorship model for nurses in rural facilities becomes obvious. The preceptorship model is designed to assist the student and the preceptor to enjoy a successful senior practicum and prepare a functional graduate.

Setting

The ideal setting for the rural senior practicum is a facility of less than 100 acute beds in a community whose population is 2500 people or less.

Goal

The goal of a rural preceptorship is to assist in developing the student's clinical competencies and facilitate the transition from the role of the student to the role of the beginning nurse practitioner in a rural setting.

Purposes

The purposes of a rural preceptorship include providing experiences for the student that will assist him/her to develop skills necessary to meet the expectations of the rural health care facility, to increase his/her level of independent functioning, to build his/her level of self-confidence in the clinical area, to develop a positive self-image, and to cope with the realities of day-to-day nursing practice in a rural hospital.

The student will:

Apply principles derived from nursing, the natural and social sciences and the humanities in the provision of quality nursing care.

Apply principles of pharmacological safety when administering medications.

Use therapeutic communication skills with patients and families.

Include ongoing health teaching with patients and families.

Assume responsibility for continued learning that will enhance his/her professional growth and development.

Demonstrate beginning leadership skills.

The graduate will:

Apply the nursing process in assisting the individual to achieve, maintain, and promote an optimum level of function in relation to the environment.

Document the assessment, planning, implementation and evaluation of nursing care.

Update and revise the plan of care based on reassessment of the individual's basic needs.

Utilize goal oriented communication as an integral part of the interpersonal process.

Assume responsibility for personal competence in the provision of quality nursing care based on legal and ethical guidelines outlined by the profession.

Collaborate with the individual and other health professionals in assisting the individual to achieve, maintain and promote an optimum level of function in relation to the available resources in the environment.

Assume responsibility for continued learning to enhance personal and professional growth and development (Appendix B).

Length

The preceptorship is five and one-half weeks in length. The students are required to work 27 eight hour shifts and have ten days off, or 18 twelve hour shifts with 19 days off.

Legal Requirements

Each health care agency is requested to complete, sign and return a copy of the legal agreement for use of clinical facilities.

The responsibility for student performance and actions ultimately is carried by the hospital. Accordingly, the hospital reserves the right to place limitations on student activity. The agreement reads "the hospital is responsible for acquiring and maintaining adequate insurance coverage for students from the School of Nursing while they are receiving experience in (name of agency)".

Students must practice in accordance with hospital policies and protocols. If the affiliating agency has policies and protocols that are more stringent and restrictive, then the student will have to comply with these. The student is expected to follow agency policies and procedures related to reporting and recording. Rural agencies frequently use quite different charting formats from what the students are accustomed to. They will, therefore, require some orientation but will be expected to chart according to facility policy.

During the senior practicum, students must adhere to established policies regarding intravenous therapy. Individual students have had varying amounts of experience with administration of intravenous medications. They should, therefore, be directly supervised until, in the judgement of the preceptor, independent performance is safe. Students may not administer human immune globulin or reconstitute antineoplastic drugs but may administer those which have been reconstituted by a pharmacist. They may not administer vesicant antineoplastics or monitor a patient receiving these. And they may not administer any drug which has not been designated by hospital policy for registered nurse administration.

There are specific restrictions for staff nurses pending registration which also apply to students in the rural facilities. For these restricted activities, the senior students will require direct supervision by a registered nurse who will co-sign the documentation of activities. The restricted activities include taking charge responsibilities for a nursing unit, taking verbal or telephone orders from physicians, administering medications via intravenous bolus, and receiving and signing for the receipt of narcotics and control drugs. They may not co-sign with another staff nurse who requires a co-signature. They may not be certified for performance of skills designated on competency lists for registered nurses, and they may not act as an escort transferring critically ill patients. Finally, they may not administer immunizations. The students in the senior practicum in the rural facilities are expected to be familiar with these limitations and to act responsibly with respect to their limitations.

Roles and Responsibilities of the Preceptor

Staff nurses who function as preceptors must make some significant role adjustments. For example, because the primary role of the preceptor is to supervise patient care provided by the student, their role changes from that of providing direct patient care to providing indirect patient care. Assessment involves not only patients' needs but students' learning needs. The program entails planning student learning experiences as well as planning patient care, and evaluation encompasses evaluation of the student's learning experiences as well as patient care.

Responsibilities of the School to the Preceptor

The School of Nursing provides each preceptor with a clear definition of his or her role. This will be in the form of a clearly stated set of expectations for performance as well as a clear delineation of the responsibilities of the preceptor to the student and to the nursing school. A description of all expected outcomes will be provided in the form of the student's evaluation. The nursing school will provide the resources necessary for the preceptor in terms of human resources and written resources as required.

Role of the Faculty Liaison Person

A faculty liaison person is selected to co-ordinate the activities of the preceptors and the students during the senior practicum. Ideally, one faculty liaison person will be responsible for a maximum of ten student-preceptor pairs. Although the faculty liaison person is based in the School of Nursing, he/she spends the majority of the five and one-half weeks in the communities. Each facility is visited at least three times; once for the orientation for preceptors and twice while the students are in the facility. Additional visits are scheduled as required.

The responsibilities of the faculty liaison person include:

- clarifying expectations/guidelines
- providing support
- facilitating the integration of theory into practice
- reviewing, revising and updating information
- serving as a resource person for the student, the preceptor and the affiliating agency
- structuring and participating in the evaluation process

The faculty liaison person must be accessible to the School, the students, and the preceptors at all times. The School and each facility requires a copy of the faculty liaison schedule complete with telephone numbers.

The faculty liaison person will visit only one facility per day. This allows adequate time to be spent with the students and the preceptors, staff nurses and administrators. Each facility will identify a small space in which the faculty liaison person can do written work as well as meet with various individuals. The faculty liaison person will meet with the preceptors and the students together to promote open communication among and between the individuals. These meetings should be scheduled when other demands on their time are at a minimum. It is imperative that each member understands the channels of communication and how to use them. A flexible schedule is imperative since some students will be in the facilities over the 24 hour period, seven days a week. Visits will be scheduled to include early and late hours, as well as weekends. Some time must be allowed for emergency visits. It is also important to include some time off for the faculty liaison person.

Recognition of preceptors

The School of Nursing recognizes and acknowledges the fact that preceptors should be rewarded for their contribution to the student's education. Although preceptors will not receive recognition in monetary form, they will be recognized in tangible ways. Each preceptor will receive an attractive badge identifying him or her as a preceptor for a senior student. The facility will receive one or more text books to add to their library. These books will be used by the preceptors, the students and the staff. They will remain the property of the rural facility when the students leave. It is hoped that during the practicum, feedback from the faculty liaison person and the student will serve as a form of reinforcement. Each preceptor will receive a personal note from the faculty liaison person plus a letter of commendation from the Director of the School of Nursing. A copy will go to the administrator to be placed in the preceptor's permanent file. The preceptors will receive individual invitations to the graduation tea and a formal invitation to the graduation ceremonies will be sent to the Director of Nursing of each facility. It is generally the custom of each student to give his/her preceptor a small gift upon completion of the practicum. Perhaps the least tangible but most valuable reward for the preceptor is seeing the student accomplish his/her goals and objectives as they progress from dependent to independent practitioners.

Evaluation of student performance

The student is expected to meet the clinical objectives for the senior practicum with minimum to moderate guidance. Each competency will be evaluated according to the amount of guidance required.

- Independent functioning implies that the student requires no guidance in a majority of situations.
- Minimum guidance implies that the student requires guidance once in a new situation and subsequently performs safely and independently.
- Moderate guidance implies that the student requires guidance up to three times in a new situation or requires guidance two to three times in situations previously encountered in theory and/or practice.
- Frequent guidance implies that the student requires repeated guidance in new and in previously encountered situations.

Responsibility for evaluation of the student's clinical performance is shared by the student, the preceptor and the faculty liaison person. The student is responsible for writing and handing in at least one piece of documentation for each day. The preceptor writes performance reports or maintains a journal on the student's performance. The faculty liaison person is responsible, in consultation with the preceptor, for compiling the evaluation report and assigning a clinical grade for the senior practicum. A mid-term assessment is carried out by the preceptor and the faculty liaison person. A student who is experiencing problems or is requiring frequent guidance at mid-term will have his/her performance reviewed by the faculty liaison person and modifications will be made as required.

To be eligible to graduate from the program, a student must achieve a successful grade in the senior practicum. A student who is graded unsuccessful in the senior practicum will not be eligible to participate in the graduation exercises for the current year. The student's progress will be reviewed by the faculty to determine how the student may complete the program in the following academic year.

SELECTION AND ORIENTATION OF PARTICIPANTS

Selection of Agencies

Selection of rural health care facilities is based upon the facility expressing an interest in having students in the hospital for their senior practicum, and the ability of the facility to provide meaningful learning experiences for the students. Preference is given to hospitals which currently are accredited and have received approval from Manitoba Health Services Commission through their review process.

Administrators from the school visit the facilities at which time they make enquiries regarding the type of experiences available for student learning. The staffing patterns of the facility are reviewed, especially the proportion of registered nurses, licensed practical nurses, and nurses aides. It is preferable that the facility have a nurse educator accessible to the students. Availability of experiences in the community, in extended care facilities, in public health, and other related areas also is investigated.

Funds for travel may become an issue. If a hospital is interested but can take only one student, and it is a long distance away from the base hospital, it becomes economically prohibitive for the school to place a student in such a facility.

Selection of Preceptors

Preceptors are ideally volunteers as opposed to being invited to become preceptors. They are preferably full-time registered nurses who will be available throughout the student's practicum; that is, they would not be going on extended leave or vacation. The staff nurse, having been a volunteer, has expressed willingness to have a student. Ideally, the nurse would have been in the hospital, and preferably in her particular position, for a minimum of one year with consistently positive performance evaluations. The chosen preceptor should have the respect of his/her peers. She or he is not necessarily a baccalaureate graduate. A diploma graduate is acceptable. However, the nurse should be interested in education. There is no specific age preference.

The prospective preceptors should meet the criteria for an ideal preceptor as identified on the potential preceptor assessment form (Appendix D). In the judgement of the head nurse the preceptor should consistently demonstrate most of the characteristics that have been identified as ideal for the preceptor. Those who, on the potential preceptor assessment form, are rated as "usually or rarely" demonstrating these characteristics would not make ideal preceptors.

Selection of Students

Students are requested to choose the site for their senior practicum early in the final term. Students who will be recommended for a rural practicum must have an adequate theoretical knowledge base and strong clinical performance skills. The students should be independent learners who require minimal direction, except in new situations. The students having a rural senior practicum should demonstrate a preference for rural nursing. It is questionable whether or not a student should be placed in his or her home community since this may present some difficulties in terms of the expectations and the familiarity with the nurses, doctors and patients. If, however, in the judgement of the school, the student is prepared to cope with working in his or her home community, it may be an acceptable arrangement.

Student Orientation

It is imperative that the students feel comfortable with the decision to spend the senior practicum in a rural health care facility. Two sessions are required to orient the students to the rural practicum. The orientation focuses on the issues that the students need to understand. The general guidelines for the clinical practicum are discussed. The evaluation process in terms of documentation and formal evaluation must be clear. The expectations of the student from the nursing school require clarification in terms of performance and the expectations of the student from the facility. The legal implications of practice away from the School of Nursing are clarified and the specific legalities reviewed in detail.

Concepts related to the rural health care system are identified. These include such details as the difference in size of the institutions, and that they have fewer doctors, nurses and health care staff. Rural facilities may have less sophisticated equipment, and a different staff mix. Often their preceptor may be the only registered nurse on the unit. There are more patients transferred out of rural hospitals, especially those in critical condition or requiring more sophisticated intervention than is available in the rural facility. Nurses play a more diversified role. There are fewer specialties and more generalities, but a nurse is required to function at the optimum level in a variety of different situations.

Team work in a rural facility is extremely important. Relationships are frequently more collegial as the health care team members work more closely together. The nurses also may know most of the patients and their families, and they may focus on community-based care.

The role of the faculty liaison person is discussed in detail and student expectations *vis-a-vis* the faculty liaison person clarified. The students are required to identify and provide a list of their own personal learning objectives. They also are required to make a formal learning contract, the components of which should be outlined. In addition, financial, housing, and social arrangements are addressed.

Student Orientation

Overall objectives:

1. To familiarize the students with the guidelines for the senior practicum
2. To clarify the expectations of the student during the senior practicum
3. To outline the differences between nursing in the rural health care facility and the urban hospital

Contributing objectives:

Upon completion of the orientation to the rural senior practicum, the student will:

1. Identify the concepts related to the rural health care system
2. State the legal implications of practice outside the home School of Nursing
3. State the expectations of the student from the School of Nursing
4. State the expectations of the student by the rural facility
5. Outline the documentation process
6. Outline the formal evaluation process
7. State the hours of work
8. Identify the expectations of the faculty liaison person
9. List the components of the learning contract
10. List his or her personal clinical objectives
11. State his/her responsibilities to his/her preceptor
12. Identify financial arrangements
13. State his/her housing arrangements

Guidelines for Students

The rural health care system

The rural facilities are compared to the urban hospital with respect to:

1. Size of facilities
2. Numbers of doctors/nurses/health care staff
3. Equipment/technology
4. Classifications of patients
5. Transfer-out policies
6. Transfer-of-function policies
7. Expectations of staff nurses
8. Availability of physicians
9. Staff relationships
10. Community-based care
11. Teamwork

Legal implications

The legal implications of providing care in a rural hospital under the direction of a preceptor:

1. Skills/procedures -- those previously mastered as well as those with which the student has had limited practise
2. Medications -- oral, subcutaneous, intramuscular, intravenous
3. Documentation -- form used by each facility
4. "Special" experiences.

Expectations

The student will be familiar with and responsible for

1. Meeting objectives of the senior practicum
2. Establishing a learning contract
3. Providing a self-assessment of competencies
4. Participation in learning experiences
5. Assuming responsibility for learning
6. Documentation of patient care and experiences
7. Communication with preceptor and faculty liaison person.

The student will provide the rural facility and the preceptor with information regarding his/her individual

1. Learning needs
2. Competencies.

The rural facility and the preceptor can expect the student to demonstrate

1. Responsibility
2. Dependability
3. Accountability
4. Reporting/recording
5. Communication with preceptor and staff.

Documentation

Each student will demonstrate the ability to document according to the policies of the rural facility. The student will

1. Clarify charting policies for the rural facility
2. Write performance reports
3. Maintain a journal
4. Complete incident reports if and when the need arises.

Formal evaluation

The formal evaluation will provide evidence that the student has met the

1. Objectives of practicum
2. Terminal competencies.

The student will complete an evaluation of the preceptorship upon completion of the senior practicum.

Hours of work

The following work load criteria apply:

1. Basic requirements -- students are required to work 27 eight hour shifts or 18 twelve hour shifts.
2. Sick time -- maximum for the senior practicum is 12 hours
3. Individual LOA's by permission of the facility/School of Nursing.

Faculty Liaison person

The student understands that the faculty liaison person acts as a resource for student and preceptor. The student will know:

1. How to access the faculty liaison person
2. Dates of visits to the facility
3. Criteria for contacting the faculty liaison person
4. Incidents
5. Changes of schedule
6. Illness/other crisis
7. Student/preceptor problems
8. Communication process.

Learning contract

The components of the learning contract include

1. Needs identification
2. Approach to meeting needs
3. Expected outcomes
4. Evaluation.

Clinical objectives

Each student is requested to outline his/her

1. Individual objectives for the senior practicum
2. Needs as identified in the learning contract.

Responsibilities to preceptor

The student will consistently demonstrate ability with respect to

1. Communication
2. Competencies
3. Responsibility
4. Accountability
5. Reporting
6. Documentation
7. Evaluation

Financial arrangements

Arrangements will be discussed individually regarding

1. Travel
2. Accommodation
3. Meals
4. Other expenses.

Housing arrangements

Students will identify whether arrangements are made to live in

1. Residence
2. Private homes.

Preceptor Orientations

Sessions should be held in informal settings to encourage participation of those in attendance. Following introductions, a brief overview of the concept of preceptorship is in order, followed by the goals and purposes of preceptorship. The roles and responsibilities of the preceptor, student and the faculty liaison person are outlined in some detail, particularly with respect to the role changes from staff nurse to preceptor and from student to beginning graduate.

The characteristics of an ideal preceptor are identified. The pros and cons of preceptorship are addressed. Responsibilities of the School of Nursing to the preceptor should be clarified including ways the School has prepared the students and the ultimate expectations of the students, the preceptor and the faculty liaison person.

The sessions conclude with the discussion of the characteristics of adult learners and the implications for preceptors, as well as statements about how an effective instructor functions. Time should be provided for informal discussion and coffee after completion of the session.

A copy of the guidelines for preceptors should be left with each preceptor and one for the hospital.

Preceptors are requested to complete an evaluation of the preceptor orientation (Appendix E).

Overall Objectives of Preceptor Orientation

1. To introduce the staff nurse to the concept of preceptorship
2. To clarify the roles and expectations of the staff nurse as a preceptor.

Contributing Objectives of Preceptor Orientation

Upon completion of the preceptor orientation, the staff nurse will:

1. Define the term "preceptor"
2. State the goal of preceptorship
3. State the purposes of preceptorship
4. Describe the roles and responsibilities of a preceptor

5. Identify characteristics of an ideal preceptor
6. Describe the role adjustments from staff nurses to preceptor
7. State advantages and disadvantages of preceptorship
8. Identify the responsibilities of the nursing school and the hospital in preparing the nurse for the preceptor role
9. State the expectations of the student, the preceptor and the faculty liaison person during the preceptorship.

Guidelines for Preceptors

Preceptor - a member of a clinical nursing staff who works with a student on a one-to-one basis to provide guidance and supervision in the clinical area. The staff nurse preceptor functions as a role model, teacher, and evaluator.

Goal of preceptorship - to assist in developing the students' clinical competencies and facilitate the transition to the role of a beginning practitioner.

Purposes of preceptorship - to provide experiences for the student that will assist him/her to:

1. Develop skills necessary to meet the expectations of the work world
2. Increase his/her level of independent functioning
3. Build his/her level of self-confidence
4. Develop a positive self image
5. Cope with the realities of day-to-day nursing practice.

Roles and Responsibilities - The preceptor has three primary roles: role-model, teacher, and evaluator. In these roles, the preceptor utilizes the nursing process in a somewhat different context, as follows:

Assessment - of patient needs and student learning needs
Planning - patient care and student learning experiences
Implementation - of patient care through direction to student
Evaluation - of the results of the care in terms of patient care and student learning

Characteristics of the ideal preceptor

The ideal preceptor is

1. A professional role model
2. Interested in students/learning
3. Knowledgeable
4. Flexible/open-minded/objective
5. Well-organized
6. Patient
7. Non-threatening/non-judgemental
8. Respected by peers.

The ideal preceptor demonstrates

1. Leadership ability
2. Mastery of clinical skills
3. Self-confidence
4. Assertiveness
5. Responsibility/accountability
6. A positive attitude
7. A sense of humour.

Preceptor Role Adjustments[1]

Role	As Staff Nurse	As Preceptor
Primary role	Care-giver	Patient care provided through direction to student
Type of care	Direct, holistic	Indirect, holistic
Recipient of care	Patient/family	Patient/family/student
Clinical assignment	Full patient assignment	Partial patient assignment **plus** responsibility for student learning
Priorities	Safe, optimal patient care	Safe, optimal care and safe learning environment

[1] Adapted from Alspach 1988

Advantages of Preceptorship

1. Provides for personal and professional growth
2. Is an enjoyable, rewarding experience
3. Is prestigious to be chosen as a preceptor
4. Students serve as a source of stimulation and excitement
5. Provides an opportunity to learn or refresh learning as the student learns
6. Is a challenge
7. Is an opportunity to be seen as an expert
8. Is an opportunity to function as a role model
9. Promotes development of collegial networks with the student, teachers and the School of Nursing

Potential Problems of Preceptorship

1. Personality conflicts between the preceptor and student when they are mis-matched
2. The learning style of the student conflicts with the teaching style of the preceptor
3. The student does not learn quickly enough or lacks clinical skills to perform in the rural hospital
4. Expectations/objectives not being clearly understood or followed by the preceptor or the student
5. The pace of the unit does not allow time for the preceptor teaching/student learning
6. The preceptorship becomes inordinately time-consuming
7. The added responsibility/legal implications
8. The preceptor finds it stressful when having to deal with unpredictable events
9. Inconsistent assignments deter student learning

10. It takes longer to supervise a student than for the preceptor to do the task himself/herself

Responsibilities of the School to the Preceptor

1. A clear definition of role
2. A clearly stated set of expectations for performance
3. A clear delineation of responsibilities to the student and to the nursing school
4. A clear description of all expected outcomes
5. Valid and reliable evaluation tools to appraise student performance
6. The resources necessary to fulfil role responsibilities
7. Continuing and responsive support systems
8. Adequate preparation for the preceptor role

Expectations of the Student, the Preceptor, and the Faculty Liaison

The student will

1. Establish a learning contract with the preceptor
2. Do a self-assessment of skills (complete competency inventory)
3. Participate in learning experiences
4. Assume responsibility for growth/learning
5. Provide feedback to the preceptor and faculty liaison person

The preceptor will

1. Validate assessment of competencies
2. Identify and provide experiences for the student that will provide needed skills
3. Act as a positive role model
4. Give feedback to the student and faculty liaison person
5. Complete the necessary paperwork
6. Serve as a resource person

The faculty liaison person will

1. Ensure that the student is prepared for the experience in a rural facility
2. Provide an orientation for the preceptor, student and staff
3. Review, revise, and update information as necessary
4. Serve as a resource for the preceptor, student, and affiliating agency
5. Provide instruction as necessary
6. Evaluate the preceptorship at identified intervals during the practicum
7. Provide constant accessibility
8. Participate in the final evaluation

IMPLEMENTATION AND EVALUATION OF THE MODEL

Implementation

The students were requested to indicate their preference for the location of their senior practicum in March 1992. Twenty-four students requested a rural hospital for their senior practicum. The hospitals were

contacted and the number of students each hospital could accommodate was determined. Legal agreements were signed and returned. Each hospital was contacted to arrange for preceptor orientations.

The preceptor orientations began on April 27th, 1992, and were completed on May 15, 1992. The attendance at the sessions varied from four to eight nurses. At each session an administrator and an in-service person attended along with the preceptors. On three occasions the preceptors were unavailable for the orientation sessions so a video presentation was prepared and left at the hospital. With one exception, the latter were seen during a visit to the hospital early in the student's experience. Thirty-two preceptors attended the orientation sessions (some are two-to-one relationships, hence the discrepancy in numbers). Thirteen preceptors attended the orientation session in off-duty time. The Director of Nursing attended the preceptor orientation at all but two hospitals. One Director of Nursing had heard the presentation on a previous occasion. The head nurses attended at six hospitals. Other nurses attending included nurse educators, staff nurses, preceptors for students from other facilities, and teachers from Brandon General Hospital School of Nursing. A total of 57 nurses attended the preceptor orientation sessions.

The orientation session for students took place in one session. All students who opted for a rural practicum were in attendance. The entire student orientation content was reviewed by the faculty liaison person. Following the session, the teacher responded to a number of questions posed by the students.

The students began their senior practicum in the rural facilities on May 19, 1992. The orientation to the hospital generally was carried out by the nurse educator. Students met their preceptors on orientation day and the preceptors provided the unit-specific orientation. In most facilities, the student and the preceptor were scheduled to work identical hours. In some situations the hours were not identical, and it was particularly difficult if the preceptor was not available for the orientation or during the first week. In some situations the students worked with whomever was available.

The faculty liaison person visited the hospitals that were hosting students for the first time during the first week. Every hospital was visited once during the first two weeks. In some instances, the hospitals also were contacted by phone. The faculty liaison person was available at all times via home answering machine, office secretary or by cellular phone. The faculty liaison person received several calls regarding policies or requesting clarification/direction.

The students shared their learning contracts with the preceptors during the first week of the preceptorship. The preceptors and students had the same patient assignments. Head nurses supported the students and the preceptors by making arrangements for the experience and providing some special experiences.

During the faculty liaison person's first visit to the hospitals, the guidelines and expectations were reviewed. The student and the preceptor were seen together, documentation was reviewed, and the experiences that had taken place to date were discussed. Those that were planned for in the future were examined. At that point it was decided whether the student was functioning at the independent, minimum guidance or moderate guidance level. At this point formal evaluation documentation was not written. However, the documentation done by the preceptor and the documentation done by the student, whether in the form of performance reports or journals, was reviewed and dated.

During the second visit, the events since the first visit were reviewed and the experiences were examined, particularly with respect to those that were obviously missing, or to identify objectives that according to the documentation had not been met. The mid-term evaluation, based on the preceptor's notes and the student's documentation, was written up at that time and was signed by the student, the preceptor and the faculty liaison person. The preceptor was asked to prepare a final summary of the student's performance and send it in with the student when the student returned to the nursing school. The preceptor also was requested to complete an evaluation of the program.

Some hospitals were visited a third time because of the unavailability of either the student or the preceptor during earlier visits. Those hospitals hosting students for the first time were visited on three occasions. Feedback was requested from the students, the preceptors, the staff nurses, the head nurses, the directors and other individuals with whom the student had contact during the senior practicum.

Evaluation of the Model

The preceptorship model was evaluated throughout the practicum by the faculty liaison person, the preceptors and the students. Perceptions were discussed during the faculty liaison person's visits to the respective facilities. The following evaluation tools were developed:

1. Preceptor orientation evaluation (Appendix E)
2. Student evaluation of the senior practicum (Appendix F)
3. Student evaluation of the preceptorship (Appendix G)
4. Student evaluation of the preceptor (Appendix H).

Preceptors were requested to send their recommendations for future preceptorships to the faculty liaison person upon completion of the preceptorship. An evaluation of the student orientation was not done. A tool will be developed to evaluate future student orientations.

The sites for the senior practicum were all satisfactory. Nine sites were excellent. One site, having been selected late in the term, accommodated the students but the experiences were fragmented and the preceptorships were discontinuous because the facility had a number of students from other schools. Staff at two sites were late in returning their legal agreement. Two hospitals with capacities of 125 and 131 beds were questionably rural, so they did not entirely fit the criteria for a rural nursing experience. All twenty-four students who opted for a rural practicum, and were approved by the faculty, were suitable candidates.

Although some students adjusted better than others, they all performed satisfactorily. Most students were functioning either independently or with minimum guidance by the second week. Only occasionally, and then when confronted with new experiences, did the students require moderate guidance. No students were assessed as requiring frequent guidance throughout the practicum. All students attended the orientation session and responded favourably to it. All students formulated their personal learning objectives and developed learning contracts which they shared with their preceptors. Some students were insecure about how to develop these, and their contracts lacked specificity.

The selection of preceptors was satisfactory. The preceptors were selected by the respective facilities. Some preceptors were experienced, some were not. The results of the student evaluations of the preceptors indicate that, from the students' perspective, the preceptors were highly effective in their roles as teachers, role models, and evaluators (Appendix H). The fact that all preceptors functioned effectively causes one to wonder how important it is to have the preceptor assessment tool completed since these preceptors simply were approached.

The preceptor orientation evaluation form consisted of six questions requiring a yes/no response (Appendix E). One added question was directed to preceptors who did not attend the actual session. There was a space for additional comments. Twenty-two preceptors evaluated the preceptor orientation. All found the content appropriate, the guidelines helpful, and that their questions were answered to their satisfaction. All but one preceptor found the timing of the sessions satisfactory. Two preceptors indicated that the orientation did not adequately clarify their role. Three preceptors were not pleased with the length of the orientation session, although they did not indicate how they would have adjusted the length of the session.

The additional comments were, without exception, positive. Comments such as "excellent presentation", "very informative", "very adequate and helpful", and "well organized" indicate that the preceptors thought

that the orientation accomplished the intended objectives. Three preceptors indicated that they would have liked the students who were being hosted by the facility to attend the preceptor orientation so that the preceptors could meet them prior to the senior practicum. They thought it would be helpful for the student to attend the preceptor orientation and to have a brief visit to the facility at that time.

The students were asked to evaluate the senior practicum in the rural facility by responding "yes" or "no" to five questions (Appendix F). Space was available on the page for additional comments. All twenty-four students thought that they were prepared for the senior practicum and that they understood what was expected of them. They indicated that the faculty liaison person was accessible to respond to their questions and that the visits were satisfactory. The comments made by the students were positive. Comments such as "the rural program was extremely well organized with careful consideration and attention to detail" were encouraging. Several comments by the students supported the recommendations of the preceptors. Students stressed the importance of the one-to-one arrangement, of orientation to the facilities, and of clarification of guidelines and learning contracts. The importance of staff nurses understanding the concept of preceptorship and the role of the preceptor and student was identified. One student questioned whether two visits by the faculty liaison person were adequate, and emphasized the need for joint meetings between the faculty liaison person, the preceptor and the student. All twenty-four students were satisfied with their experience in the rural facilities. They met their clinical objectives and completed their learning contracts.

Evaluation of the preceptorship by the students indicated that the majority of students found the preceptorship a valuable experience. The one-to-one student preceptor arrangement was unquestionably the best. If the preceptor was not available at the beginning of the practicum, it was particularly difficult for the student. Some preceptors had days off or vacation days and the student was reassigned. If no particular nurse was assigned, the students found the experience difficult. If one nurse was assigned, the situation improved. Some two-to-one relationships were less than satisfactory since preceptors had dissimilar styles and expectations.

In most situations, the student and the preceptor had identical patient assignments. Occasionally, in special experiences, the student had their own assignment under the direction of a graduate. Some students spent time in special experiences such as personal care homes, emergency rooms, and on ambulance trips.

The preceptorship helped the student become familiar with the organization and the philosophy of the rural facilities. Under the direction of the preceptor, the students became oriented to specific hospital policies and procedures and were able to improve organizational skills and competencies. The students responded positively to the one-to-one relationship. As the preceptorship progressed, students integrated into the staff nurse role and developed confidence in their ability to function as beginning graduate nurses. The additional comments reiterated the value of the preceptorship and stressed the importance of the one-to-one relationship.

The School of Nursing and all facilities had copies of the faculty liaison person's schedule. The faculty liaison person's visits were satisfactory. All facilities provided a working area for the teacher to see the students and the preceptors, as well as to complete the necessary paperwork. Preceptors and students had their documentation available upon arrival of the faculty liaison person, so reading time was necessary for the first hour or two of each visit. All preceptors and students made themselves available for conference time. The faculty liaison person generally had lunch with the nurse educator, the director of nursing, and one or more of the preceptors and students.

This arrangement frequently made for long days. If the facility was a long distance away, one or more students were working nights, and then one or more students were working days or evenings, sixteen hour working days were not uncommon. On several occasions the most convenient days for visits were Saturdays and Sundays. This created a rather erratic work schedule. It also was difficult to arrange for a day off for the teacher. On only one occasion the schedule was changed without notifying the faculty liaison person so the student and preceptor were not available when the faculty liaison person arrived for their visit.

Five and one-half weeks provides enough time for the students to become oriented and to become part of the team. By the third week they were increasing their level of independence and by the fourth and fifth weeks had met their objectives and terminal competencies.

Two or three visits were adequate. One student suggested that more visits may be necessary if a problem surfaced. Several preceptors indicated it would be nice to see the faculty liaison person more, but not necessarily because there were problems.

A positive collegial relationship developed between the faculty liaison person and the preceptors and was largely related to the amount of time spent together during each visit. The faculty liaison person also found it meaningful to spend time with the nurse educator, the director of nursing, and staff members.

Students wrote performance reports and maintained a journal. In many instances the journal provided better documentation. The performance reports tended to focus on one incident (related to the requirement of one per day) whereas journals provided a general overview. Preceptors chose whether to write performance reports or maintain a journal. The journals were more effective without exception.

Two preceptors did not read the student's performance reports and journals. The mid-term evaluation was written by the faculty liaison person from documentation by the student and the preceptor. The preceptor wrote the final summary statement and sent it to the School of Nursing with the student. The final evaluation was done when the student returned to the School of Nursing. This was problematic for students who did not return until the day prior to graduation. Based on the need for the summaries to be to the secretary two weeks prior to graduation, the final summary was based on the mid-term evaluation. The preceptors wrote the final summaries but they did not appear on the student's final statement. This was unfortunate and should be changed in the future.

The preceptors expressed appreciation for the time and support they received while they were working with the students. Most of the preceptors said their colleagues also were supportive. All preceptors were invited to the tea and to the graduation. All students gave their preceptors a small gift upon completion of the practicum. Each preceptor received a personal note from the faculty liaison person, and a letter of commendation from the Director of the School of Nursing.

Recommendations from the Preceptors

The preceptors were requested to submit their observations and to make recommendations based on the 1992 preceptorship. The strongest recommendation (five documented) was that the student and the preceptor work identical hours and have identical patient assignments. Isolated comments from individual preceptors indicated that issues such as the orientation time for students, need for specific guidelines, need for clarification of the learning contract, and the importance of communication and documentation were of concern to some preceptors.

CONCLUSIONS AND RECOMMENDATIONS

A rural preceptorship provides students with practical experience that helps prepare them to function competently in rural settings. Implementation of the five-stage preceptorship model resulted in a successful rural senior practicum for the 1993 graduating class of a diploma nursing program.

The model distinguishes rural from urban preceptorships in terms of the need for specific guidelines, criteria for selection of sites and students, legal responsibilities, the responsibilities of the school to students and preceptors, the role of the faculty liaison person, and the role of the preceptor in evaluating the student.

Recommendations

Evaluations of the model by the faculty liaison person, preceptors and students resulted in eighteen recommendations aimed at strengthening the implementation of rural preceptorships in the future. Schools contemplating using the model are advised to consider these recommendations carefully.

1. Rural facilities should be contacted in January of the school year (September to June) to request their participation. At that time they should indicate the number of students they can comfortably accommodate. If a facility is going to be over-extended, students should be reassigned to an alternate facility.

2. Students should identify the desired site for their rural practicum in January of the school year so that the planning can commence early. Faculty can then make decisions about whether or not students qualify to have their senior practicum in a rural facility. Students who do not meet the selection criteria should not be assigned to a rural practice. In hospitals that accept students from other schools of nursing, it is important that they be contacted early so that students are able to take advantage of the most effective preceptors.

3. Nurses should volunteer to act as preceptors. As individuals volunteer, the unit manager should complete a potential preceptor assessment form to determine the suitability of the nurse to function as a preceptor.

4. If a one-to-one student preceptor arrangement is not possible, the facility may select two preceptors for a student, provided they have similar teaching styles. Both preceptors should attend the orientation, be familiar with objectives and the learning contract, and should communicate with each other on a regular basis so the student does not feel torn between the two, or "caught in the middle". Both preceptors should take ownership of the student experience.

5. Students should receive instruction regarding development of personal learning objectives and a learning contract which should be completed and reviewed with the faculty liaison person prior to leaving the school of nursing for the senior practicum.

6. There should be two orientation sessions for students spending their senior practicum in rural facilities. A preceptor from a rural facility should attend one of the sessions to explain care in a rural facility from a more practical aspect.

7. Students should attend the preceptor orientation with the faculty liaison person so that they can meet the preceptor, the nurse educator, and the director of nursing. Time permitting, they may have a tour of the facility.

8. The preceptor orientation should be planned two weeks prior to the arrival of the students, last for about two to three hours, and be carried out by the faculty liaison person. The nurse educator, the director of nursing, and as many staff nurses as possible should attend the preceptor orientation. In future years, separate orientations will be necessary for first-time and experienced preceptors. Each preceptor and the nurse educator should have a copy of the guidelines. The guidelines should be available to staff nurses. The video of the preceptor orientation should be made available in all facilities for viewing by preceptors and staff nurses unable to attend the live orientation. It is strongly recommended, however, that preceptors attend the live orientation and that rural health facilities arrange their participation on paid time.

9. Five and one-half weeks is an acceptable period of time for the senior practicum.

10. Students and preceptors should have identical hours of work and patient assignment. Patient assignment should be manageable and allow for teaching-learning time.

11. Each faculty liaison person should have a maximum of ten student-preceptor pairs located in a maximum of five facilities to permit adequate consultation time for each pair/facility, and to complete necessary documentation. The faculty liaison person should be free from other responsibilities and be accessible at all times during the five and one-half weeks of the senior practicum. The school of nursing and the health care facility should have a copy of the faculty liaison person's itinerary and should be notified of any schedule changes.

12. Normally, two visits by the faculty liaison person to each facility are sufficient. More could be scheduled if the need arises. She/he should provide a comprehensive list of guidelines, a list of skills the students may and may not perform, and a checklist of required skills. The faculty liaison person should spend all day in the facility and be accessible to the staff nurses.

13. The evaluation process should be clearly understood by the student and the preceptor. The evaluation tool should be designed so that it is easily interpreted and completed by the preceptor.

14. Students should keep a journal and only write performance reports for specific incidents. The preceptor also should be encouraged to keep a journal. Guidelines should be provided for journal writing. Students and preceptors must read and sign each other's documentation.

15. The faculty liaison person and preceptor should carry out a mid-term evaluation of the students at the facility.

16. The preceptor should send a final summary statement regarding the student's performance to the school of nursing, and it should appear as part of the final evaluation of the student.

17. Ways of providing additional recognition for preceptors proportional to the degree of extra responsibilities and effort required should be explored and introduced.

18. Using the preceptorship model as a framework for developing preceptorship programs in other educational settings should be explored.

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APPENDIX A

Pilot Preceptor Questionnaire[1]

Please respond to the following statements related to the 1991 senior practicum for BGH nursing students:

		YES	NO
1.	Did you volunteer to be a preceptor	4	9
2.	Was the preceptor role clear to you	10	3
3.	Were the expectations of you as a preceptor quite clear	10	3
4.	Would specific guidelines have been helpful	11	1
5.	Did the visiting faculty member provide sufficient direction/contact	11	2
6.	Was the student prepared for the senior practicum under your direction	11	1
7.	Did your unit staff members understand your role as a preceptor	7	5
8.	Was your head nurse/D.O.N. supportive of your preceptor role	11	1
9.	Was the evaluation process clear to you	11	2
10.	Would you volunteer to be a preceptor again	13	0
11.	Would you like to come to BGH to meet with the faulty and other preceptors	7	6

12. Please list the competencies that you perceive as most important for the graduating student to develop during his/her senior practicum.

- IV insertion techniques
- Nursing care plans
- Dispensing of medications
- General patient care
- Ability to work with other staff members
- Confidence in herself and giving care
- Safe and correct procedures
- Communication with staff and patients
- Variety of procedures requiring different nursing skills
- Organization of workload
- Good, efficient assessment of clients and charting
- Establishing IVs
- Knowledge and ability to give IV meds safely
- Good communication with patients, staff, head nurse and doctors
- To feel confident with skills necessary to care for all patients on her specific unit
- To be able to take charge of a ward

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1 Numbers relate to responses received from 13 preceptors.

- To direct her subordinates in a professional manner
- To accept constructive criticism and learn from same
- Ability to work independently
- Confidence in making decisions
- Updating care plan daily
- Leading a team conference with assistance
- Ability to look up policies and procedures
- Confidence
- Ability to get along with others
- Willingness to learn
- To organize care of five to six patients total patient care
- To be able to explain why she is doing something (to be able to apply principles)
- To develop skills (to ask for help)
- To be able to take charge, make rounds with doctors, process orders, etc.
- To be willing to help other nurses
- To be flexible
- To cope with emergencies
- Assessment skills
- Ability to prioritize care
- Managing heavy patient assignment
- Developing supervisory skills and communication skills
- Independent assessing skills, planning skills, implementation skills, evaluating skills, organizational skills (an awful lot of expectations, I realize)
- Perhaps more time to practice such procedures as catheterizations, establishing IVs and procedures of this nature.
- The ability to prioritize tasks in order of importance with respect to time required to complete a task in a work situation.
- The ability to work as a member of a team to accomplish a common goal (and still fulfil individual responsibilities).
- Be alert to ways and means of performing a task more efficiently, or developing a plan of care which could more easily accomplish a goal.
- Despite a busy work situation, maintain a standard of care and compassion (easily said, each of us finds our own personal method).
- Maintain a professional personal curiosity of all things you might run across in your work environment, that is, if you don't know the reason for a requested lab test or details of a particular disease, look it up or ask a fellow nurse or doctor. This is a professional as well as personal onus you have as a nurse. Take satisfaction in knowing why.
- Prioritize tasks, triage of patients, technical skills, IV insertion, nasogastric and catheter insertion.
- Put pharmacology theory to use in teaching and assessing patient symptoms.
- Know your upper limit for workload and be aware when you need help with patient assignment. Knowing your limitation makes a new grad or an experienced nurse a safe nurse.
- Organizational skills
- Confident in what he/she knows in knowing when to ask for help
- Ability to function as part of the team
- A professional manner (including such basics as the way a nurse acts, dresses, relates to others)
- Organizational skills
- Confidence in self
- Assertiveness
- Sharpening of skills
- Adaptation to work in different facilities

13. Are there additional areas of concern that you would like to see addressed?

1 - no

A lot of required skills do not have enough practice.

It may be an idea for the student and preceptor to meet before they are on the ward to make sure they both understand the expectations of one another. They could also get to know one another a little first. I would also like to know what the student needs experience in (strong points and weak points) that way I could focus on some areas more than others. Students should works both days/nights and days/evenings.

We feel that demonstrated competence in nursing procedures should take place prior to rural experience, as opportunity for experience may not become available. We feel that establishing IVs should be taught.

I feel that the students should be taught to refer to their older patients by Mr. or Mrs., not addressed by their first (Christian) name unless they personally know the patient.

Due to the wide ranging styles of the hospitals, their particular specialties, orientation, funding and organization, that is, rural, city, teaching hospitals, grad nurses will be exposed to situations where techniques in practices will differ with respect to supplies, equipment available and different policies than those they have been trained. The ability to adapt and work with existing equipment or in differing policies to achieve a specific goal without giving up the standard of care is a must.

Have an open mind.

I think, for me, attitude of a graduating or soon to be nurse is foremost. The knowledge and technical skill base can, and will, be added on to continually. It is never complete. The nurse's attitude is what will be the difference between a professional that I would like to have look after me, or one I prefer didn't.

14. Additional comments are most welcome.

I enjoyed being a preceptor and would encourage other staff members to be preceptors. The experience helps the general duty nurse appreciate the graduating nurse.

Being a preceptor slows your work down and adds responsibility to your own workload. However I find it very satisfying to guide someone along. I also find that it forces me to review policies and procedures, diseases and diagnoses. All in all it is a worthwhile experience.

I really enjoyed the time spent with students from BGH and look forward to meeting the next group.

I would like to see a protocol specified as to what a preceptor is expected to do. The participating facility should be aware of the abilities required to be a preceptor and offer the nurse an opportunity to accept or decline the added responsibility.

Longer experience on wards.

I enjoy being involved in helping someone else learn. However, the students also teach me things, and sometimes it is fun to learn together, therefore it is a learning experience for me also. Thank you.

In (*hospital*), there were no specific preceptors assigned to students because of minimal numbers of full-time staffing members resulting in a conflict of scheduling. Each in-charge RN acted as a preceptor for that particular shift.

These points are not observations directly taken from my particular experience as a preceptor and do not reflect any situation encountered in relation to these situations. They are merely my own opinions and observations based on limited experience.

I would like an overview of the list of competencies other preceptors found most important and a general idea as well as regards what other areas of concern have been expressed.
I think that working as a senior student would be very valuable to those planning to work in a small hospital or in Northern communities.

Thank you.

Please indicate whether you would like an individual or cumulate response to this survey.

APPENDIX B

Terminal Competencies

The graduate uses the Nursing Process and demonstrates the following competencies with minimum[1] to moderate[2] guidance, following an initial orientation to the clinical area. Further preparation and/or experience will be necessary to function in such clinical areas as the operating room, labour and delivery, intensive care unit, psychiatric care settings or to assume responsibility for management of patient care units.

1. Assessment: The Graduate -

   1.1 Uses therapeutic communication techniques to obtain information and identify physical, emotional, social, intellectual, and spiritual needs of the patients as related to hospitalization.
   1.2 Obtains information about patients' needs from other health team members, patients' records and families.
   1.3 Uses principles of growth and development to assess patients in relation to fundamental needs.
   1.4 Determines the patients' level of functioning in terms of strength, motivation and knowledge to identify need deficits.
   1.5 Identifies signs and symptoms of major health disorders.
   1.6 Identifies changes in patients' conditions.
   1.7 Differentiates emergency from non-emergency situations.
   1.8 Identifies possibility of patients'/families' needs for referral.

2. Planning: The Graduate -

   2.1 Selects nursing interventions based on identified needs deficits.
   2.2 Plans individualized care and sets priorities for four to eight patients, depending upon the complexity of care required.
   2.3 Identifies necessary nursing functions required to implement the medical plan of care in accordance with agency policy.
   2.4 Incorporates health teaching as an on-going part of the nursing care plan.
   2.5 Plans for delegation of nursing functions to appropriate members of the nursing team.

3. Implementation: The Graduate -

   3.1 Organizes and implements nursing care as planned by self and as delegated by other members of the nursing team so that necessary care is given and completed on time.
   3.2 Initiates basic care in an emergency situation and seeks immediate assistance.
   3.3 Implements nursing functions related to the medical plan of care in accordance with agency policy.
   3.4 Seeks help appropriately to facilitate referrals for patients and families.
   3.5 Records and reports accurately according to agency Policy.
   3.6 Makes self understood to patients and families when doing basic health teaching.
   3.7 Uses a variety of equipment safely.
   3.8 Delegates nursing functions to appropriate members of the nursing team.

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1 Minimum Guidance: requires guidance once in a new situation and subsequently performs safely and independently.
2 Moderate Guidance: requires guidance up to three times in a new situation; or requires guidance two or three times in a situation previously encountered in theory and/or practice.

4. Evaluation: The Graduate -

4.1 Evaluates patients' responses to therapy and hospitalization, and communicates this information to the appropriate persons.
4.2 Notes patients' responses to nursing care given by self and modifies care as necessary to meet changing needs.
4.3 Assesses organization of care given by self.
4.4 Evaluates effectiveness of interactions with others.

5. Professional and Personal Development: The Graduate -

5.1 Identifies capabilities and limitations and seeks appropriate guidance.
5.2 Assumes responsibility for patient care and all related tasks as assigned.
5.3 Demonstrates initiative by seeking information from references and/or qualified personnel to overcome identified deficiencies in knowledge and skills.
5.4 Assumes responsibility for maintaining and increasing competence in nursing care.
5.5 Uses problem-solving skills in nursing practice situations.

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APPENDIX C

Agreement for Use of Clinical Facilities

At _____

For Students from [Hospital]

School of Nursing, [Location]

The _____ agrees to provide clinical facilities for experience in nursing to the [Name] Hospital School of Nursing under the following terms:-

1. The period of experience is to be six weeks during the final two months of the second year of the Program.

2. The [Name] Hospital School of Nursing agrees to provide a teacher to visit the agency at intervals during the six week period to confer with students and agency staff.

3. Student experience will be co-ordinated by the School of Nursing and a Registered Nurse staff member appointed by _____.

4. The Registered Nurse(s) assigned to work with the student will be asked to provide information on the student's performance which will contribute to the final evaluation.

5. The [Name] Hospital is responsible for acquiring and maintaining adequate insurance coverage for the students of the School of Nursing while they are receiving experience in _____.

_____	_____
Director of Nursing	Director of Nursing Education
_____	_____
Administrator	Assistant Executive Director, Nursing [Name] Hospital
_____	_____
Date	Date

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APPENDIX D

Potential Preceptor Assessment*

The registered nurse identified below has been recommended or volunteered to function as a preceptor for nursing students during their senior practicum. Please rate the nurse on how consistently he/she demonstrates the following characteristics.

Nurse: _____ Qualifications: _____

Length of time in present position: _____ Year of Graduation: _____

Characteristics	Consistently	Usually	Rarely
clinical proficiency			
sound clinical judgement			
effective teaching skills			
interest in students			
ability to cope with change			
efficient use of time			
ability to establish rapport			
positive professional image			
interpersonal skills			
communication skills			
professional growth			
ability to resolve conflict			
openness to evaluation			
integration of education/work values			
leadership skills			
positive role model			
emotional stability			

*adapted from Davis & Barham (1989, p.170).

APPENDIX E

Evaluation of Preceptor Orientation[1]

1.	Did the preceptor orientation clarify your role as a preceptor?	Yes 20	No 2
2.	Was the content appropriate?	Yes 22	No 0
3.	Was the length of the session satisfactory?	Yes 19	No 3
4.	Were your questions answered to your satisfaction?	Yes 22	No 0
5.	Were the guidelines helpful?	Yes 22	No 0
6.	Was the timing satisfactory?	Yes 21	No 1

If you were unable to attend the orientation -

a.	Did you see the video?	Yes 2	No 1
b.	Was it helpful?	Yes 2	No n/a

Additional comments:

Ten written comments were received.

1 Evaluation of Preceptor Orientation: Numbers reflect responses from the 25 surveys.

APPENDIX F

Student Evaluation: Senior Practicum[1]

1.	Were you prepared for your senior practicum in the rural hospital?	Yes 24	No 0
2.	Did you understand the expectations of you duringyour senior practicum?	Yes 24	No 0
3.	Do you feel that your preceptor was prepared for her role as a preceptor?	Yes 23	No 1
4.	Was the faculty liaison person available to respond to your questions?	Yes 24	No 0
5.	Were the faculty liaison visits to your satisfaction?	Yes 24	No 0

Additional comments:

Nineteen written comments were received.

1 Numbers represent responses from 24 surveys completed by students.

APPENDIX G

Student Evaluation: Preceptorship[1]

Please rate how valuable the preceptorship program was in helping you to:

		Very valuable	Somewhat valuable	Of little value	Of no value
1.	Become familiar with the organization and philosophy of the hospital.	20	2	1	0
2.	Become oriented to hospital policies and procedures.	21	2	0	0
3.	Develop initiative and independence in identifying and meeting your learning needs.	23	0	0	0
4.	Develop competency in performing technical skills frequently done on your unit.	20	3	0	0
5.	Develop organizational skills necessary for the delivery of patient care.	22	1	0	0
6.	Utilize and communicate with other departments and personnel effectively.	19	4	0	0
7.	Become oriented to the delivery of care on your unit by working with a consistent role model.	23	0	0	0
8.	Become integrated into the staff of your unit.	22	1	0	0
9.	Ventilate and work through the "joys and frustrations" of staff nursing through informal and formal conferences with your preceptor, instructor, and supervisor.	21	2	0	0
10.	Develop confidence in your ability to function as a professional nurse.	23	0	0	0

Eight written comments were received.

1 Numbers relate to responses to the survey from 23 students.

APPENDIX H

Student Evaluation : Preceptor[1]

Did your preceptor...

	Consistently	Usually	Rarely
present information clearly	22	2	0
encourage independence	22	2	0
provide assistance	21	3	0
answer questions to your satisfaction	22	2	0
assist you to select meaningful experiences	21	3	0
make you feel welcome	23	1	0
listen to your concerns	23	1	0
give you feedback about your performance	21	2	1
trust you	23	1	0

Twelve written comments were received from students.

1 Numbers relate to responses from 24 students.